

# Albania

## Paediatric Urology Teaching Program

3<sup>rd</sup> – 8<sup>th</sup> March 2013

**Professor Paddy Dewan**

A Project of Kind Cuts for Kids, Australia,  
the Australian Albanian Community and  
the Qendra Spitalore Universite Nënë Tereza, Tiranë



### *Introduction*

Albania was the original reason for Kind Cuts for Kids going to the Balkans. Two girls were sent to Australia from the Mother Teresa Hospital, by Professor Heta, with the assistance of the Children First Foundation in Australia. In both cases, the girls had anomalies similar to those that had been treated by the Kind Cuts teams in other less well-off countries. The advantages of the surgery being performed in the country of origin are obviously immense, both for the families and for the training of surgical and nursing staff, including post-operative care, for these complex cases.

The first visit to Albania and Kosova, in 2011, has been followed by an expansion of the program to Bosnia, and a real sense of sustainability for paediatric surgery in the region, but, more importantly, an intention of Balkans surgeons to contribute to the teaching in other recipient countries so that they may use and enhance their supplemented skills.

***In total, during eight individual country visits in the Balkans, the Kind Cuts for Kids teams have reviewed patients clinically on 196 occasions, and performed 228 operations on 73 patients, some of whom had more than one anaesthetic, all in the last three years. In all, more than 40 surgeons have been involved in the teaching program that has also involved radiology and anaesthesia, and two symposia.***

The recent report for Kosova reminds readers of the chance meeting in 2009, between John Taip and Paddy Dewan, which has made a dream come true. Professor Paddy Dewan suggested that a team could go to Albania, a suggestion that had been made in many directions, many times, but accelerated when Reg Karafili and Sezar Jakupi became involved, and almost overnight, trips to both Kosova and Albania were organised, involving the specialties of Paediatric Surgery, Anaesthesia and Radiology in both centres. An important contribution to the success of these trips has been the keen involvement, and willingness to learn, of the nursing staff, some of who are pictured below, at the Mother Teresa Hospital.



## Clinical Medicine

A total of 16 patients were reviewed in 2013, some of whom had surgery deferred to a future occasion, including a boy to have a bladder enlargement procedure, and another child needing a redo anorectoplasty. Ten children underwent surgical procedures, the longest of which was 4 hours, which was the repair of an obstructed kidney in a boy who had previously had a complex urinary diversion. Ten patients were male; 7 had surgery during the visit.

## Consultations

Pathology	DOB	Date
Bilateral PUJ - pyelostomy	17/12/2011	4/03/2013
POMU - L	12/06/2011	"
Neuropathic - non-neuropathic	12/09/2003	"
COPUM - moderate	5/07/2003	"
Anorectal anomaly - Pena Australia	2/07/1994	"
Vaginal duplication	12/07/2005	"
COPUM	11/07/2006	"
COPUM - ureterostomy	11/09/2009	"
Hypospadias - intersex	14/08/2009	"
VUR + RAN + atresia	19/06/2005	"
Bladder exstrophy - double bladder	6/07/2012	"
Anorectal anomaly - Pena Australia	2/07/1994	6/03/2013
Penis - partial amputation	6/01/2009	"
Cloaca – variant	20/12/2003	"
Calculus - left kidney	14/09/1999	"
Obstructed R kidney - ?PUJ	1/01/1985	7/03/2013
PUJ obstruction - leak post op	1/01/1998	8/03/2013



Rozetta is shown in 2004 in St John of God Hospital in Geelong, Australia, where she had surgery for a congenital anomaly; her care, and that of future generations, can now be at international best practice in Albania, due in no small part to the Kind Cuts for Kids visits.

## Surgery Cases

Operation	Pathology	DOB	Date
Pyelostomy closure	Bilateral PUJ - pyelostomy	17/12/2011	4/03/2013
Pyeloplasty - right	"	"	"
Ureterostomy closure	POMU - L	12/06/2011	4/03/2013
Ureteric reimplant	"	"	"
Urodynamics	Neuropathic - non-neuropathic	12/09/2003	5/03/2013
Cystoscopy	"	"	"
Urodynamics	COPUM - moderate	5/07/2003	6/03/2013
Cystoscopy	"	"	"
Vaginoscopy	Vaginal duplication - partial	12/07/2005	4/03/2013
Vaginoplasty	"	"	"
Cystoscopy	"	"	"
Ureteroscopy - R	COPUM - ureterostomy	11/09/2009	5/03/2013
Pyeloureterostomy	"	"	"
Pyelogram - bilateral	"	"	"
Nephroscopy - R (+L)	"	"	"
Penoplasty - L arm graft	Penis - partial amputation	6/01/2009	7/03/2013
Penoplasty - Buccal to glans	"	"	"
Hypospadias repair	Hypospadias - intersex	14/08/2009	6/03/2013
Vaginoscopy	Cloaca - variant	20/12/2003	7/03/2013
Symphysotomy	"	"	"
Cystoscopy	"	"	"
Blad neck recon - Young Dees	"	"	"
Anorectal anomaly EUA	"	"	"
Urethrectomy	Blad exstrophy – double blad	6/07/2012	6/03/2013
Omphaloplasty	"	"	"
Chordee release - reverse	"	"	"
Bladder excision - 2nd	"	"	"



Twenty-seven operations were performed; each of the families had their loved ones close at hand at the moments of stress. Photos show a stressed mother one day and a happy family the next.

## *Surgical Lessons*

### **1. Catheterless Ureter Reimplant**



A recent advance in the care of children with an obstructed ureter is re-plumbing the ureter into the bladder, but not using a catheter into the bladder after the operation. In the above case of the use of a catheter-less procedure, the ureter had been joined to the skin earlier in life, making the family happy that the constant dribbling of urine had stopped, but with less post-operative discomfort than would have occurred otherwise.

### **2. Early Nephrostomy Removal**



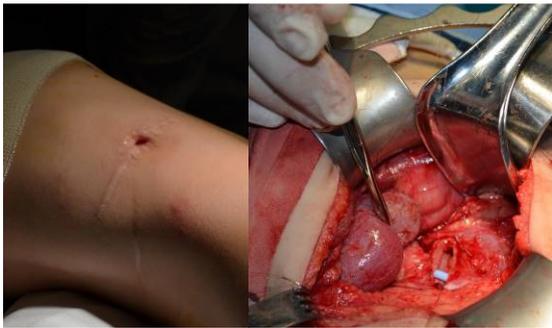
The kidney x-ray (above left) was taken early in the life of an 18 month old boy who had a repair of the obstruction of the left kidney (smaller - seen on readers right), and the left kidney was surgically drained to the skin with a semi permanent connection known as a pyelostomy. The complex re-joining of the kidney to the ureter was performed with the assistance Dr Dritan Alushani, Professor Heta and their team, with the advanced post-operative care allowed for the early removal of the tube draining the kidney; by elevating the catheter bag on the end of the bed in order to show patience of the ureter/pelvis anastomosis, and drainage at low pressure (right picture).

3. Rescue surgery - penile amputation.
4. Young Dees bladder reconstruction.
5. Investigation of a cloacal variant.
6. Epispadias surgery.
7. Investigation of complex obstruction.
8. Management of retained DJ stent.
9. Complex stone management.
10. The role of pyelostomy.
11. Surgery for bladder exstrophy.
12. Bladder duplication management.
13. Urodynamics with limited equipment.
14. COPUM – urethral obstruction.
15. The use of nuclear medicine studies.
16. Retroperitoneal bleed presentation.

### Case Studies



**EN**, a 4.5 year old boy was born with posterior urethral obstruction that resulted in damage to both his kidneys and bladder. Surgery in 2012 was followed by the uncovering of an unrecognized obstruction at the junction of his right ureter and the pelvis of the kidney (x-ray); surgically bypassed by drainage to the skin (right flank picture), which was relieved with attachment of the ureter to the pelvis, as shown in the operative photo.



EN went home 3 days later, and will have his bladder enlarged in 2014.



**SS**, a 6 month old was noted to have a low umbilical cord and what appeared to be bladder exstrophy, which is a failure of the development of the lower part of the abdomen and bladder that result in the inside of the bladder being visible on the lower abdomen, and the urethra open along the upper side of the penis.



The photo is taken the day after the surgery, showing a happy boy who was soon to go home, and an image of the translocation of his umbilicus to the normal position. The abnormality is to form part of a contribution to a scientific journal into the understanding and management of such patients.

### *Teaching and Research*

The student group (below, left) was taken through a large range of subjects on the morning of departure from Tiranë, and they were involved in ward rounds on some of the patients. Regular ward rounds were conducted with four surgical staff, including the director, together with the senior nursing staff. And, a lengthy one-on-one teaching session was conducted with Dr Nandi Demrozi. Most of the teaching occurred in the preoperative clinics and during the surgery, with the local team playing a significant role in the decision making.

Research collaboration was commenced, involving two particular topics, namely:

***1. The evolution of the management of COPUM in Albania.***

Particularly looking at the role of initial direct management of posterior urethra obstruction, the outcomes in Albania, and the role of upper tract diversion in late presenting cases.

***2. Manpower planning in a changing demographic environment.***

The intent is to note the variation in the population statistics compared to the numbers of Paediatric Surgeons, to assess the needs for the Balkans over the next ten years, noting relatively high ratio of surgeons to major pathology in some neighbouring countries.



### *Infrastructure Review*

Compared to Kosova, the Mother Teresa Hospital in Tiranë is relatively well off. There is a good supply of many of the different types of suture, there is a new operating table and the equipment for cystoscopy and laparoscopy is state of the art, and the previous Kind Cuts for Kids donated equipment has added to the limited supply (middle, above).

However,

1. The lights in the theatre are markedly inadequate; with a lack of the spring that would allow the lights to focus on the operative field (above, right).
2. Some of the important smaller suture material is not available.
3. The urological catheter equipment should be improved.
4. Drapes for covering the patients during surgery are often in a state of disrepair.
5. The multiuse container system for instruments should be replaced.
6. Small instruments, such as scissors, should be upgraded.

### *Donations and Donors*

Donations have included funds from the Society for Aide for Children Inoperable in Mauritius, the Australian Albanian Community's fundraising efforts, Kind Cuts donations and the company of Gary Zecevic

1. Suture material - boxes	- 15	6. Sterile gloves - boxes	- 2
2. Silicone urethral catheters	- 15	7. Diathermy tips	- 20
3. Melacot catheters	- 10	8. Diathermy handles	- 3
4. Feeding tubes	- 20	9. Urine drainage bags	- 10
5. Silicone stents	- 10		

The mission in Kosova and Albania shared the cost of transport of the Kind Cuts surgeon to Europe, transport and meals in Tiranë were provided primarily by Dr Dritan Alushani, with transport also by Dr Nandi Demrozi and Dr Saimir Heta. The Head of the Department, Professor Heta hosted an evening at the conclusion of the visit. Mr Ekrem Tahiri, and his family from Kosova, kindly took the time to drive Professor Dewan from Prishtinë to Tiranë.

### *Conclusion*

The fourth visit to Tiranë has seen the advancement of equipment available, and outcomes for patients with complex anomalies improve. The use of techniques that avoid the unnecessary use of catheters, avoid bowel mucosa in the bladder and enable bladder evaluation without expensive equipment are some of the gains. There is still a need for equipment upgrades, the development of a meeting structure for the department and better audit processes. In the meantime, patients have had good outcomes from complex surgery and the surgeons reflect that they have gained new decision making and technical skills, which became obvious during the surgery and discussion during this visit.

### *Recommendations*

1. Research should be a major focus of future visits.
2. The above infrastructure issues should be attended to, and may be assisted by Australian donations.
3. Members of the junior consultant group should be sponsored to partake in the 2013 Kind Cuts for Kids visit to Bosnia (scheduled for September 2013).
4. Department meetings that present audit and plan research would be beneficial.

